

## Ending hunger, achieving food security and improved nutrition (Goal 2)

Focusing on Goal 2, which calls to end hunger for all, this chapter presents emerging evidence on the situation of persons with disabilities regarding hunger, food security, nutrition and income-generating agricultural activities, and lists a set of recommended actions to achieving SDG 2 for persons with disabilities. In particular, the chapter lays out the situation of persons with disabilities vis-à-vis three SDG 2 targets: target 2.1, which calls for ending hunger and ensuring access by all people to safe, nutritious and sufficient food all year round; target 2.2, which calls for ending all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting (low height for age) and wasting (low weight for height) in children under 5 years of age;<sup>39</sup> and target 2.3, which calls for doubling agricultural productivity and incomes of small-scale food producers and equal access to land and other productive resources. Since the adoption of the SDGs in 2015, the international framework on disability and food security has been further advanced by various resolutions adopted by United Nations bodies, including Security Council Resolution 2417, adopted in 2018, and General Assembly Resolution 76/264, adopted in 2022. Both recognize the disproportionate impact of food-related crises on persons with disabilities.

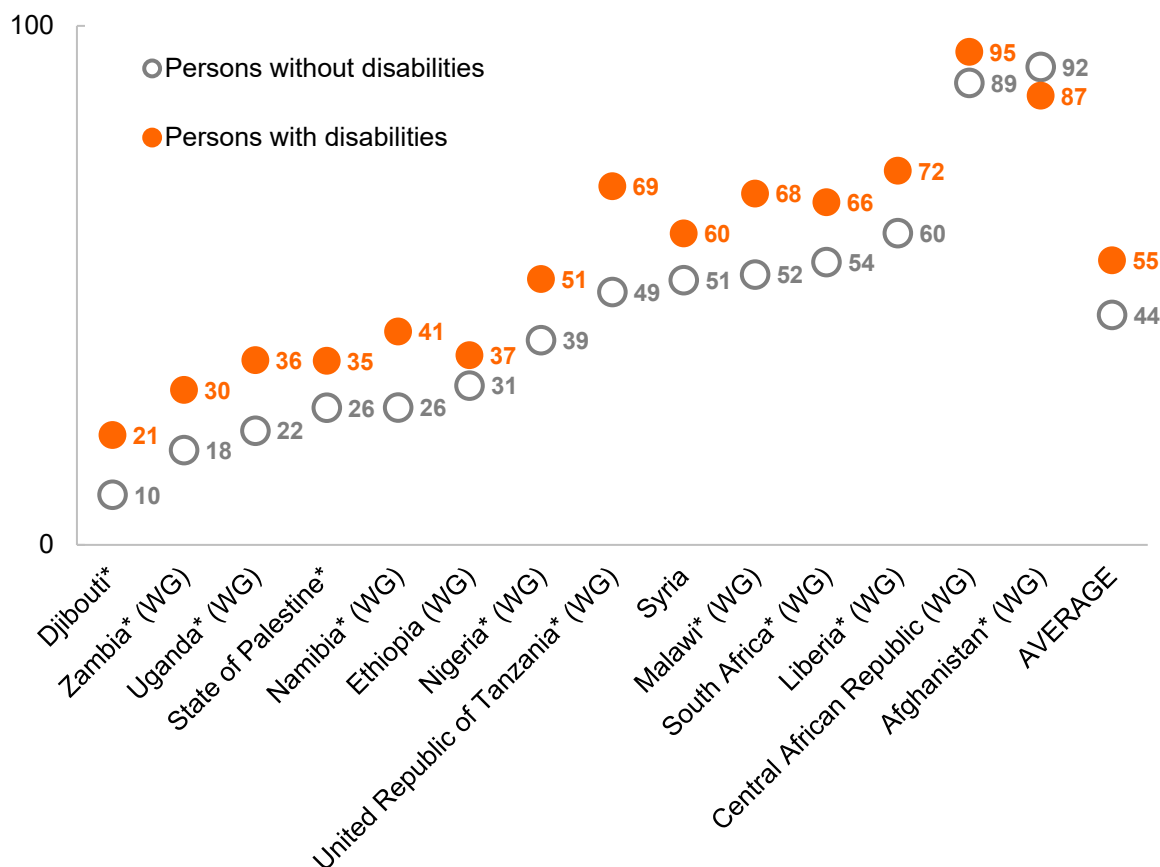
The right to adequate food has been enshrined in the Universal Declaration of Human Rights and in the International Covenant on Economic, Social and Cultural Rights. The right to adequate food for persons with disabilities has been further reaffirmed in article 28 of the Convention on the Rights of Persons with Disabilities (CRPD).

### Current situation and progress so far

Persons with disabilities are more likely to not always have enough food to eat, that is, to be food insecure, than persons without disabilities. Among 14 countries or areas in Africa and Asia, on average, the percentage of persons living in food insecure households is higher for persons with disabilities at 55 per cent, than for persons without disabilities at 44 per cent (Figure 17).

Similarly, among 34 countries, mostly in Europe, persons with disabilities are more likely to be food insecure: the percentage of persons with disabilities that are unable to afford a meal with meat, chicken, fish or a vegetarian equivalent is 14 per cent compared to 8 per cent for persons without disabilities (Figure 18). Despite variations across countries, the gap between persons with and without disabilities is present in all countries: the percentage of persons unable to afford a meal with meat, chicken, fish or a vegetarian equivalent every second day is consistently higher for persons with disabilities – on average almost twice as high – than for persons without disabilities. Women with disabilities tend to face more food insecurity than their male counterparts (see the chapter on Goal 5).

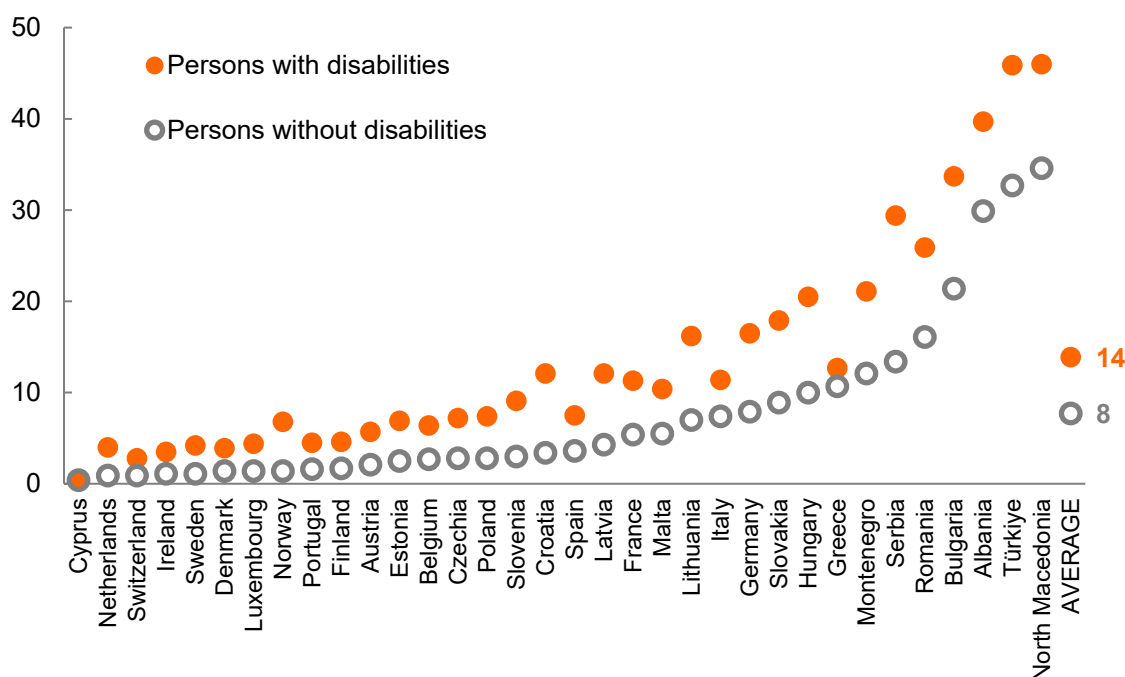
**Figure 17. Percentage of persons who did not always have food to eat, by disability status, in 14 countries or areas, in 2021 or latest year available.**



*Note: Data for the Central African Republic and Syria refer to households with and without persons with disabilities. (WG) identifies data produced using the Washington Group short set of questions on functioning. An asterisk (\*) indicates that the difference between persons with and without disabilities is statistically significant at the 5 per cent level.*

*Source: Mitra and Yap (2021),<sup>40</sup> OCHA (2022),<sup>41</sup> UNDESA (on the basis of data from SINTEF<sup>9</sup>) and WFP (2021).<sup>42</sup>*

**Figure 18. Percentage of persons who cannot afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day, for persons aged 16 and over, by disability status, in 34 countries, in 2021.**

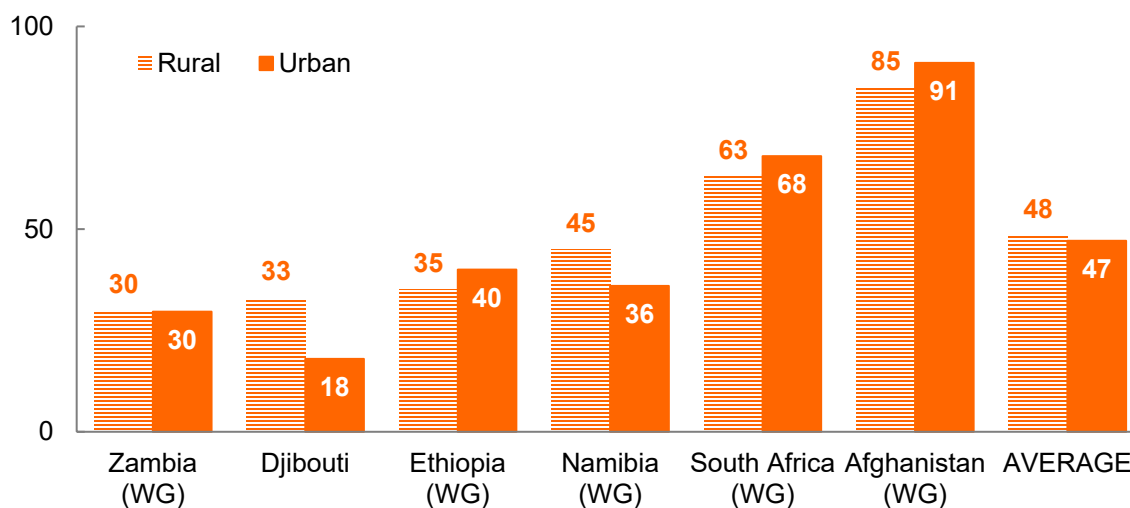


Source: Eurostat.<sup>7</sup>

Many households with persons with disabilities have fewer financial resources than others and more challenges affording food. Persons with disabilities can often have additional expenditures related to their disability (see the chapter on Goal 1), which further restricts the resources available for food. For instance, in the Central African Republic, in 2020, compared to households without persons with disabilities, households with at least one person with disabilities were more likely to have high expenditures, that is, more than 75 per cent of their household income, on food (30 per cent versus 21 per cent) and to adopt emergency strategies – such as selling one’s house, land or last female animal – to cope with food shortages (24 per cent versus 17 per cent).<sup>42</sup>

Economic, physical and attitudinal barriers experienced by persons with disabilities to accessing food may be exacerbated by factors related to their area of residence. On average, among six countries, the percentage of persons with disabilities who did not always have food to eat was slightly higher in rural areas (48 per cent) than in urban areas (47 per cent), but the gaps between urban and rural areas vary by country (Figure 19). In Djibouti and Namibia, persons with disabilities living in rural areas are more likely to not always have food to eat, while this is not the case in Afghanistan, Ethiopia, South Africa and Zambia.

**Figure 19. Percentage of persons with disabilities who did not always have food to eat, by area of residence, in 6 countries, in 2018 or latest year available.**



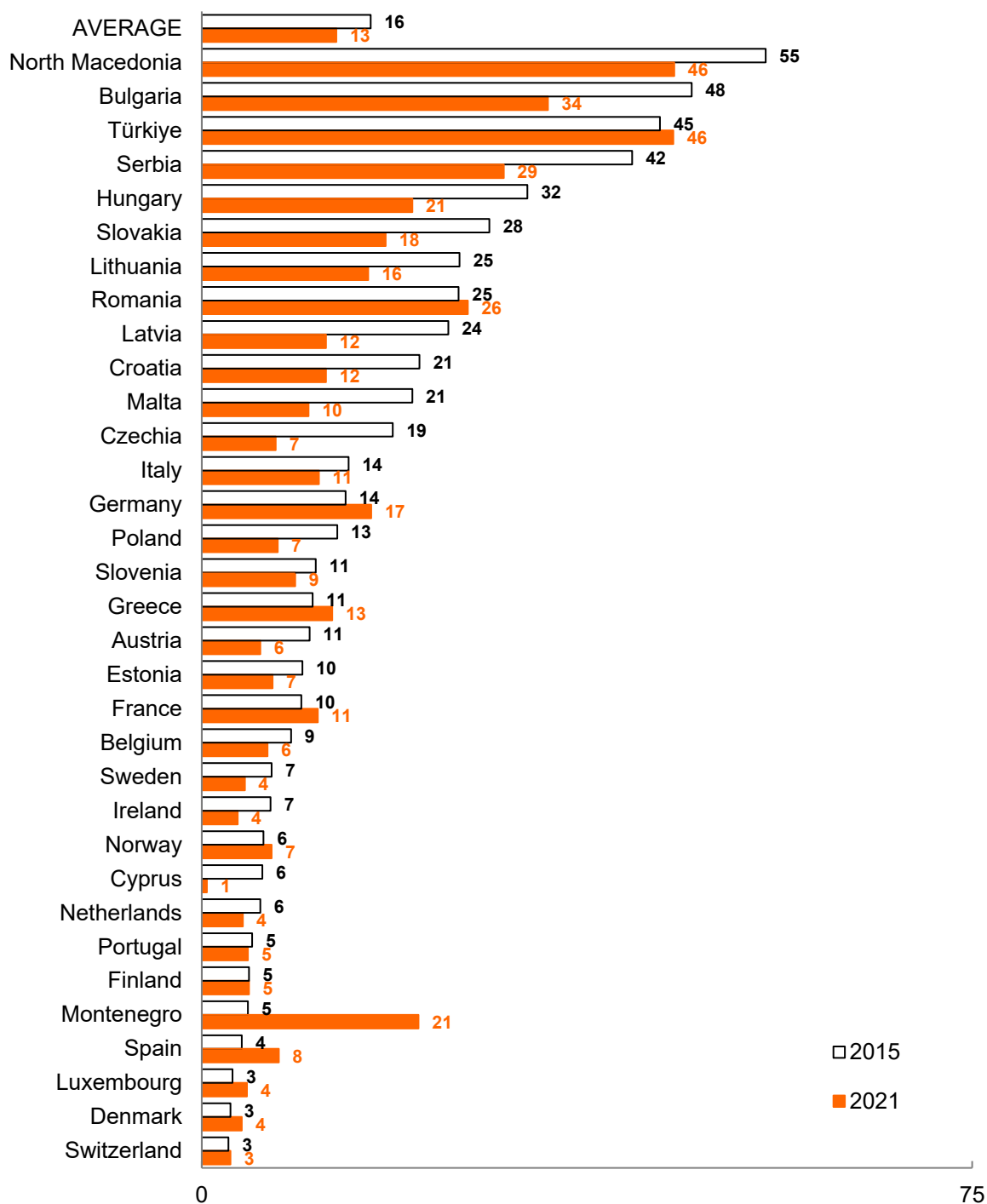
*Note: (WG) identifies data produced using the Washington Group short set of questions on functioning.*  
*Source: Mitra and Yap (2021)<sup>43</sup> and UNDESA (on the basis of data from SINTEF<sup>9</sup>).*

Comparable information over time on food security disaggregated by disability status remains scarce, with most of the data available originating from developed countries. In 33 countries, mostly in Europe, between 2015 and 2021, the percentage of persons with disabilities who could not afford a meal with protein every second day decreased from 16 per cent to 13 per cent (Figure 20). This progress was similar to the progress for persons without disabilities, a decrease from 10 per cent to 7 per cent in the same period,<sup>7</sup> meaning that the gap between persons with and without disabilities remained the same. But these averages mask different trends in different countries. While this percentage decreased from 2015 to 2021 in about two thirds of these countries, in about one third of them it increased or remained the same. Comparable information over time for developing countries is insufficient and does not allow for an assessment of progress.

Ensuring a sufficient intake of essential nutrients is key to ending all forms of malnutrition. In 2021, among five countries in the Pacific, households with at least one person with disabilities were slightly less likely to have consumed vitamin A, iron and protein in the past seven days than other households (Figure 21).

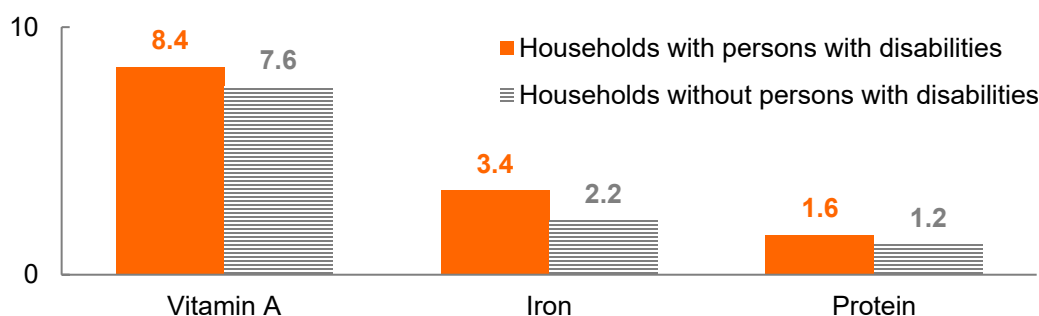
Food banks supply food free of charge to people in need, but persons with disabilities still face barriers to accessing food banks. Many food banks are not accessible because of physical barriers such as stairs and narrow doorways and lack of staff trained in sign language. Worldwide, in 2022, 20 per cent of food banks were not accessible for persons using wheelchairs and 19 per cent were only partially accessible (Figure 22). Although the percentage of non-accessible food banks has remained about the same since 2018, at around 20 per cent, the percentage of accessible food banks has increased from 53 per cent to 61 per cent during the same period.

Figure 20. Percentage of persons with disabilities who are unable to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day, in 33 countries, in 2015 and 2021.



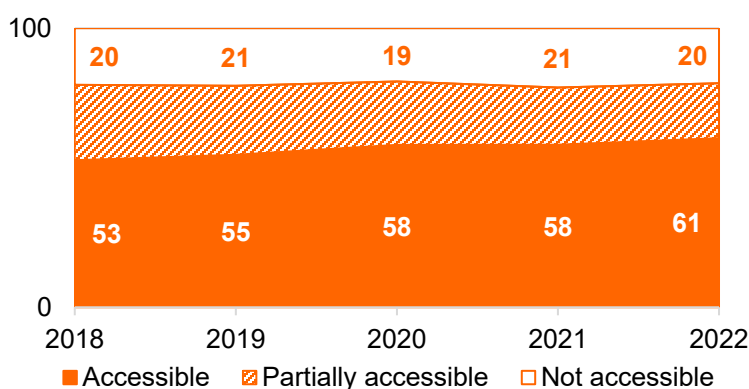
Source: Eurostat.<sup>7</sup>

**Figure 21. Percentage of households not having consumed protein, vitamin A and iron in the past 7 days, for households with and without persons with disabilities, in selected areas in Fiji, Kiribati, Samoa, Tonga and Vanuatu, in February or March 2021 (WG).**



*Note: The percentage shows an arithmetic average of the percentages in each country. (WG) identifies data produced using the Washington Group short set of questions on functioning.*  
*Source: WFP Pacific Multi-Country Office (2021).<sup>44,45</sup>*

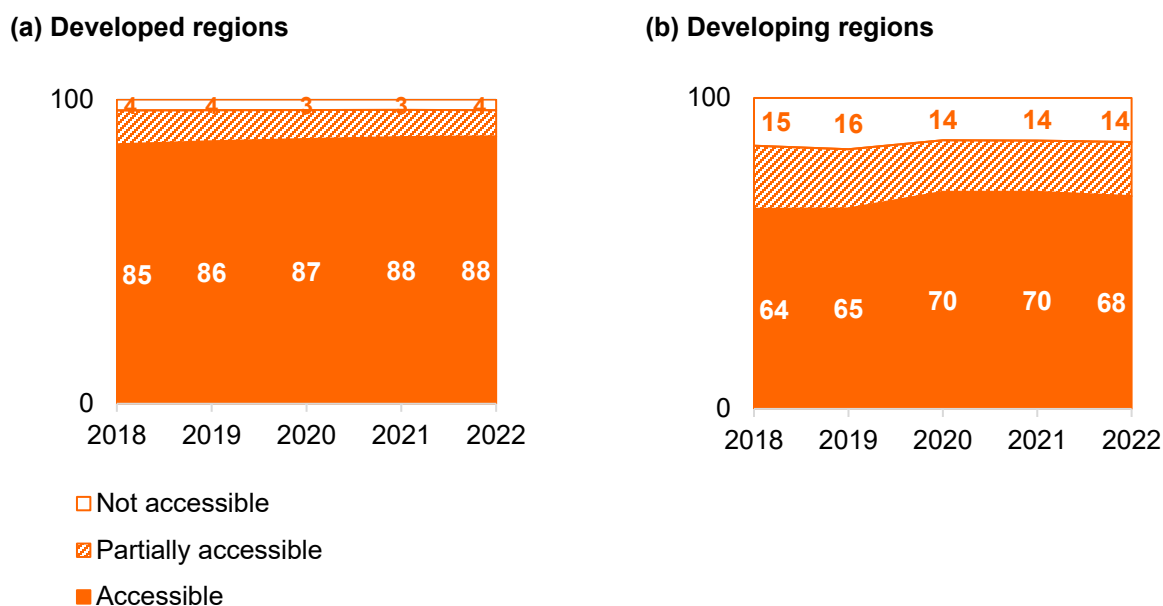
**Figure 22. Percentage of food banks that are accessible for wheelchair users, worldwide, from 2018 to 2022.**



*Source: UNDESA (on the basis of data from Sozialhelden<sup>10</sup>).*

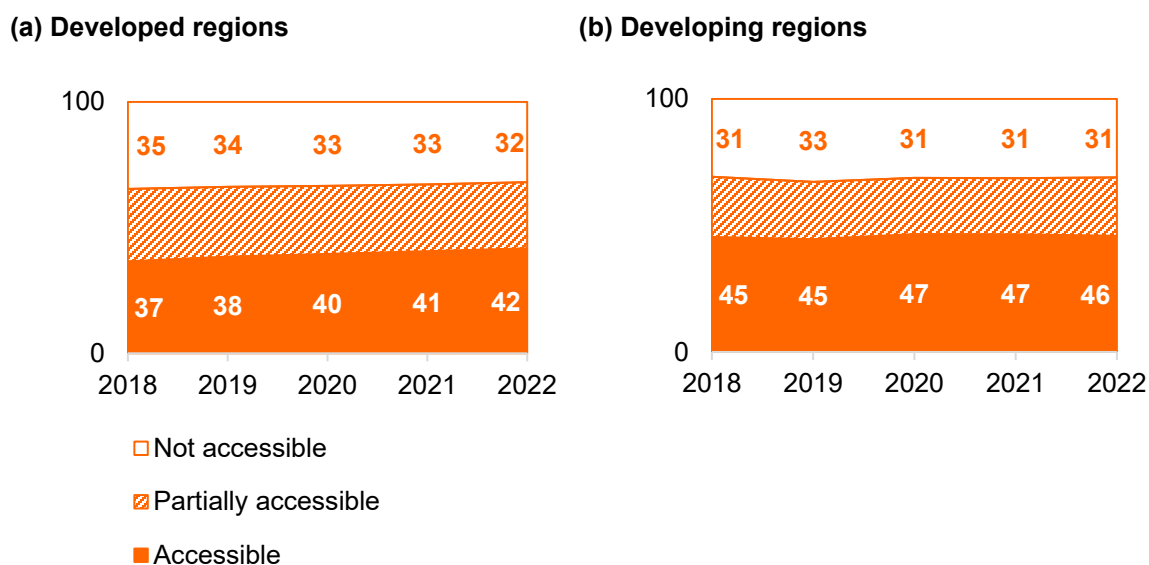
Many places to get food still have physical barriers for persons with disabilities, which are discriminatory and violate the CRPD. In 2022, in developed regions, 12 per cent of supermarkets were not accessible or were only partially accessible, down from 15 per cent in 2018; in developing regions, in 2022, 32 per cent were not accessible or partially accessible, down from 36 per cent in 2018 (Figure 23). Restaurants are much less accessible than supermarkets both in developed and developing regions. In 2022, 58 per cent of restaurants in developed regions and 54 per cent in developing regions were not accessible or only partially accessible to wheelchair users (Figure 24). Since 2018, these percentages have decreased slightly: a 5 percentage point decrease in developed regions and 1 percentage point decrease in developing regions.

**Figure 23. Percentage of supermarkets that are accessible for wheelchair users, in developed and developing regions, from 2018 to 2022.**



Source: UNDESA (on the basis of data from Sozialhelden<sup>10</sup>).

**Figure 24. Percentage of restaurants that are accessible for wheelchair users, in developed and developing regions, from 2018 to 2022.**

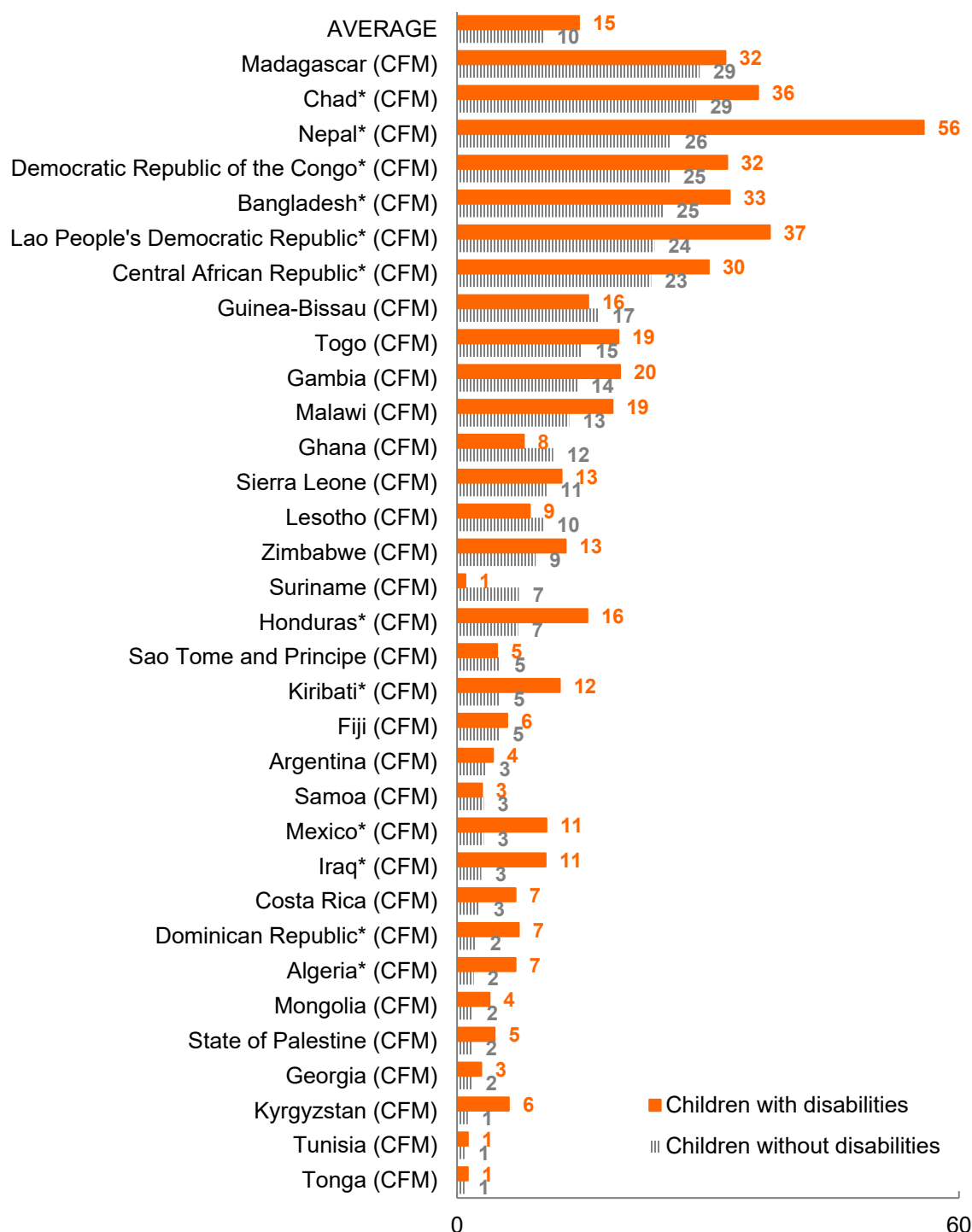


Source: UNDESA (on the basis of data from Sozialhelden<sup>10</sup>).

Children with disabilities experience malnutrition at a higher rate than children without disabilities, more often showing low weight or low height for their age, which are both signs of malnutrition. Among 33 countries or areas, the percentage of children aged 24 to 59 months who are underweight is 15 per cent for children with disabilities and 10 per cent for children without disabilities (Figure 25). Among 34 countries or areas, the percentage of children aged 24 to 59 months who are stunted (that is, have low height for their age) is 27 per cent for children with disabilities and 20 per cent for children without disabilities (Figure 26). For both indicators – underweight and stunting – there are country variations in the gaps between children with and without disabilities. Underweight is more prevalent in children with disabilities than children without disabilities in 27 of these countries. Stunting is more prevalent in children with disabilities than children without disabilities in 31 of these countries. Target 2.2 calls for a reduction by 2025 of 40 per cent in the number of children who are stunted, but due to lack of comparable data over time, it is not possible to assess whether the world is on track to achieve this target for children with disabilities. Wasting, that is, low weight for height, is less common for both children with and without disabilities, affecting 7 per cent of children with disabilities compared to 5 per cent of children without disabilities.<sup>46</sup> For children with disabilities, this percentage is still 2 percentage points higher than the 5 per cent threshold called for in target 2.2. Rates of overweight children, that is, excess weight for height, are similar in children with and without disabilities, at 3 per cent.<sup>46</sup>

Persons with disabilities face various barriers and discrimination in the realization of SDG target 2.3, which calls for doubling the agricultural productivity and incomes of small-scale food producers and ensuring individuals' capabilities to sustain their livelihoods through equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment. These barriers to the access of, control over and ownership of productive resources perpetuate exclusion from agricultural employment opportunities. For instance, in three countries in sub-Saharan Africa (Ethiopia, Nigeria and the United Republic of Tanzania), households with persons with disabilities faced unequal opportunities and outcomes in their agricultural activities:<sup>47</sup> (i) in the United Republic of Tanzania, households with persons with disabilities had smaller lands; (ii) in Nigeria, among the households that engaged in agricultural activities, households with persons with disabilities were less likely to sell their harvest and had a lower share of income from livestock; and (iii) in Ethiopia, among those households that engaged in crop production, households with persons with disabilities were less likely to use improved seeds and more likely to use free seeds. In Ghana, almost half of the farmers with disabilities were food insecure, but farmers with disabilities who held decision-making power were more likely to be food secure than farmers with disabilities who participated only through labour and did not take part in decisions.<sup>48</sup>

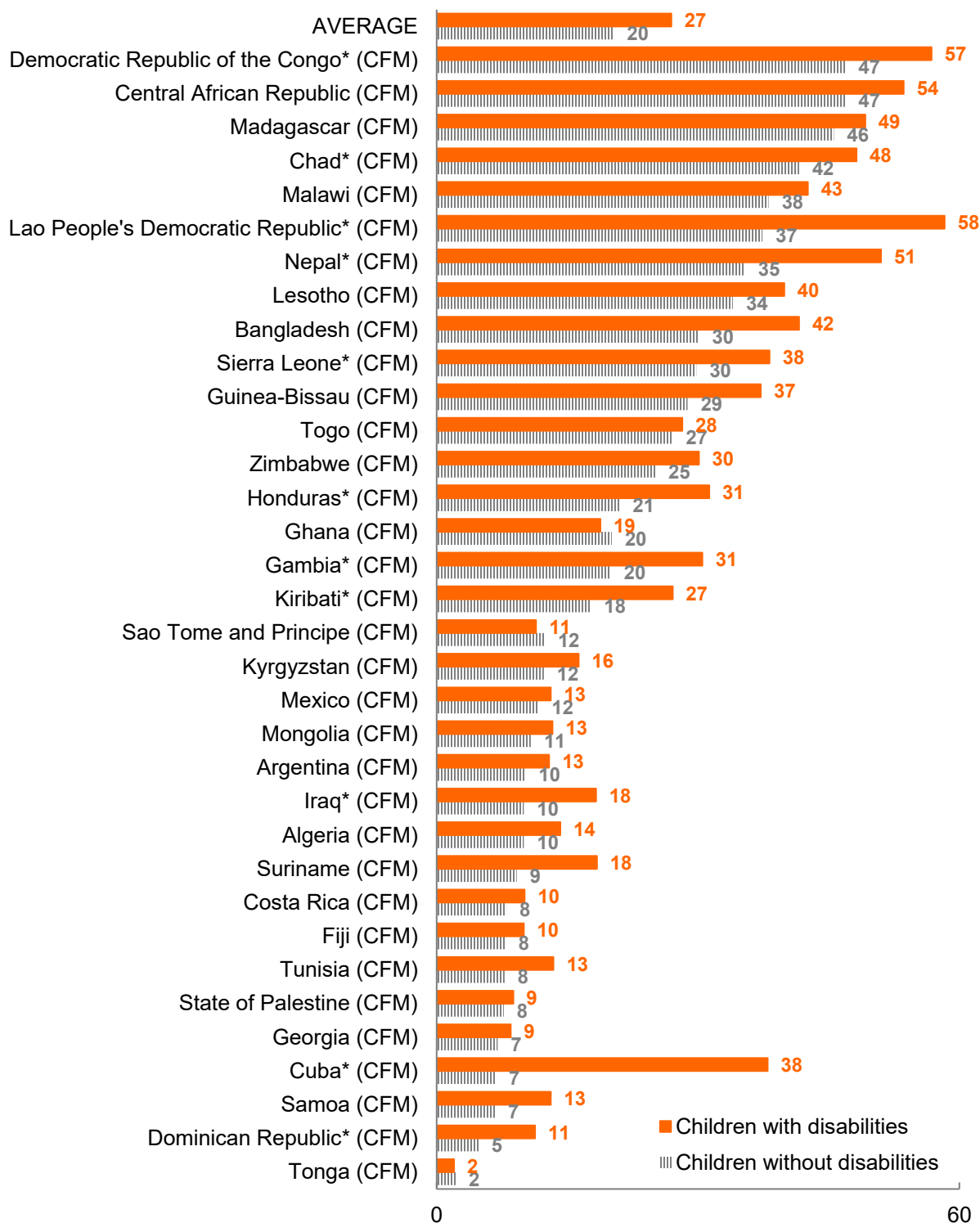
**Figure 25. Percentage of children aged 24 to 59 months who are moderately or severely underweight, by disability status, in 33 countries or areas, in 2015-2021.**



*Note: (CFM) identifies data produced using the Child Functioning Module. An asterisk (\*) indicates that the difference between children with and without disabilities is statistically significant at the 5 per cent level.*

*Source: UNICEF (on the basis of data from MICS).*

**Figure 26. Percentage of children aged 24 to 59 months who are too short for their age (moderate or severe stunting), by disability status, in 34 countries or areas, in 2021 or latest year available.**



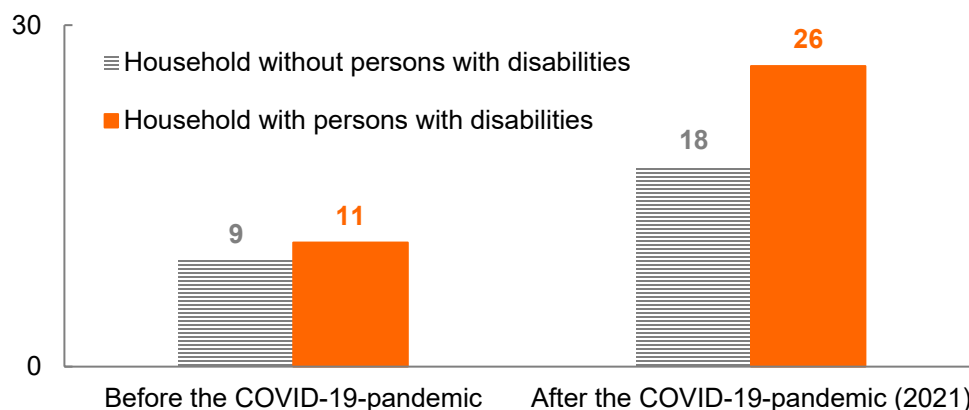
*Note: (CFM) identifies data collected using the Child Functioning Module. An asterisk (\*) indicates that the difference between children with and without disabilities is statistically significant at the 5 per cent level.*  
*Source: UNICEF (on the basis of data from MICS).*

Agricultural capacity-building programs are important as a poverty reduction and food security strategy for many persons with disabilities, but there are still many barriers to participating in these programs, including lack of physically accessible premises and lack of accessible communication. For example, in Northern and Eastern Uganda young farmers with disabilities are less likely to participate in capacity-building activities, resulting in reduced access to knowledge, skills, information, production inputs and technologies.<sup>49</sup> In particular, persons with disabilities are less likely to participate when these activities are not accessible – for example, they do not provide sign-language interpretation – or when the training staff lacks disability awareness and training.<sup>49</sup> Moreover, lack of disability-inclusive technology in agriculture – technology that can be used by all, including persons with disabilities – as well as lack of assistive technology and reasonable accommodation in agricultural employment, compromise equal access to food and to productive resources and equal access to job opportunities in agriculture. By excluding persons with disabilities, potential overall productivity in the sector and wider community is reduced, thus compromising the achievement of target 2.3.

## **Impact of the COVID-19 pandemic**

Many persons with disabilities lost jobs, income and access to social protection and benefits as a result of the COVID-19 pandemic (see the chapters on Goal 1 and on Goal 8). As earnings decreased, many households of persons with disabilities faced difficulties paying for food, leading to food insecurity. A number of countries implemented interventions addressing the economic impacts of COVID-19, such as food assistance, emergency cash transfers, unemployment assistance or expansions to existing social protection programs. But these measures were insufficient to reach all persons with disabilities who needed support to secure food. In a study in 37 countries worldwide, conducted in 2020, 47 per cent of parents and caregivers with disabilities reported that they had to reduce the quality, size or frequency of meals, compared to 35 per cent for those without disabilities.<sup>16</sup> A slightly higher proportion of parents and caregivers with disabilities, compared to those without disabilities, reported needing and not having access to food delivery (52 per cent versus 46 per cent).<sup>16</sup> In Brazil, 11 per cent of households with at least one person with disabilities ran out of food due to lack of money before the pandemic, whereas a higher percentage (26 per cent) of these households reported this challenge after the pandemic, in 2021 (Figure 27). This deterioration in food security was more pronounced among households with persons with disabilities than in other households.

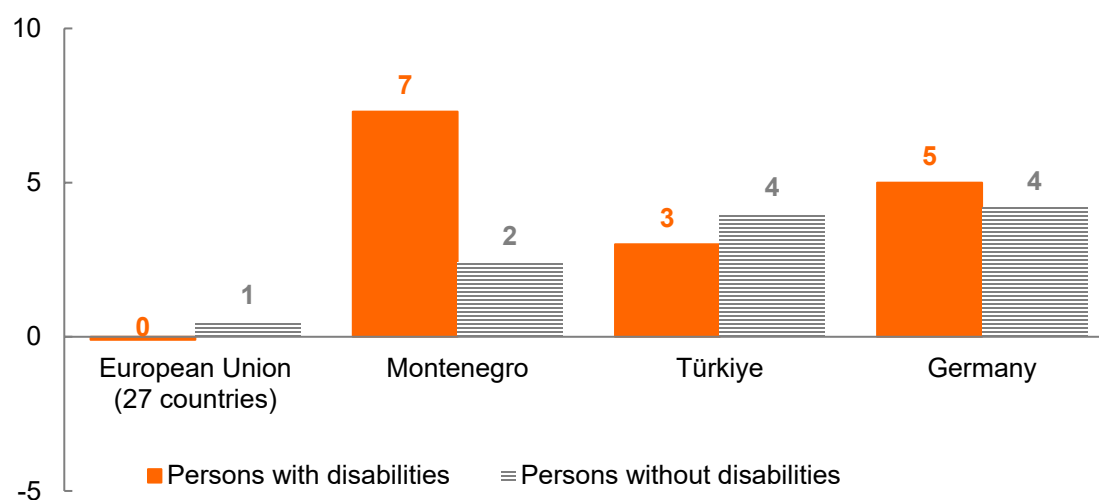
**Figure 27. Percentage of households that ran out of food in the past 30 days due to lack of money, before and after the COVID-19 pandemic (2021), in Brazil.**



*Note: Before the COVID-19 pandemic refers to before February 2020.*

*Source: World Bank (2021).<sup>50</sup>*

**Figure 28. Percentage point increase in the percentage of persons who are unable to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day, in the European Union and in 3 countries, from 2019 to 2020.**



*Source: Eurostat.<sup>7</sup>*

In the European Union as a whole, the impact of the pandemic on food security seems to have been minimal. Between 2019 and 2020, the percentage of persons who were unable to afford a meal with meat, chicken or fish (or a vegetarian equivalent) remained stagnant among persons with disabilities and increased by 1 percentage point among persons without disabilities (Figure 28). However, in two European countries (Germany and Montenegro) and in Türkiye, this percentage increased among persons with disabilities between 3 percentage points and 7 percentage points.

Several countries were able to put in place a variety of social protection measures to support food security among persons with disabilities during the pandemic, including home delivery of daily necessities and essential items as well as in-kind and cash support – for instance, in Asia and the Pacific, 93 per cent of countries provided in-kind support, including the provision of food, to persons with disabilities (see the chapter on Goal 1).

## Summary of findings and the way forward

Persons with disabilities are still often left behind in the commitment to achieving zero hunger, with 55 per cent of persons with disabilities in developing countries experiencing food insecurity. Persons with disabilities are more likely than persons without disabilities to not always have food to eat and are less likely to be able to afford nutritious food.

Children with disabilities are more likely than children without disabilities to be underweight (low weight for their age) and stunted (low height for their age), both signs of malnutrition. Among children with disabilities, 15 per cent are underweight, 27 per cent are stunted, 7 per cent are wasted and 3 per cent are overweight. These levels point to the need to increase efforts for children with disabilities to achieve target 2.2, which calls for ending malnutrition by 2030, and bring these percentages to zero. Moreover, more efforts are needed to bring the percentage of children with disabilities who are wasted to less than 5 per cent by 2025, as also called for in target 2.2.

The COVID-19 pandemic exacerbated this situation, as many households of persons with disabilities faced additional difficulties paying for food, especially in developing countries.

In most countries, the lack of comparable data over time hampers the assessment of progress for persons with disabilities for the targets of Goal 2. European countries are an exception, as data show that the percentage of persons with disabilities who cannot afford daily meals with protein at least every second day has decreased since 2016, but this progress is not enough to bring this percentage to zero by 2030. Rates will have to decrease twice as fast as rates observed so far to eliminate this affordability barrier.

Food banks, as well as supermarkets and restaurants, are often inaccessible for persons with disabilities. Although vital in emergency situations, two out of five food banks are not fully accessible for wheelchair users. In everyday life, persons with disabilities face discriminatory barriers to procuring food: more than half of restaurants remain inaccessible for wheelchair users worldwide. Many supermarkets are also inaccessible, especially in developing countries: more than 12 per cent of supermarkets in developed countries and 38 per cent in developing countries are inaccessible for wheelchair users. Improvements since 2018 have been slow. Making food banks and supermarkets fully accessible for persons with disabilities by 2030 will require expanding the accessibility of these facilities twice as fast as the rate of progress observed so far. For restaurants, more accelerated efforts are needed. Making restaurants fully

accessible for persons with disabilities by 2030 will require expanding accessibility in developed countries four times as fast and in developing countries 17 times as fast as the rates of progress observed thus far.

With only a few years until 2030, immediate global, scalable and concerted food security action must be disability-inclusive and address key barriers. To end hunger for persons with disabilities, a number of actions are recommended:

**1. Mainstream disability inclusion into existing and future food security legislation, policies and programmes, by harmonizing them in line with the CRPD and by consulting with persons with disabilities and their organizations.**

Remove discriminatory provisions to ensure food security for persons with disabilities, including women, Indigenous people, displaced persons and other marginalized groups of persons with disabilities. Monitor the effectiveness of existing legal and policy frameworks in ensuring the inclusion of persons with disabilities. Improve accountability in the protection of the right to food for persons with disabilities.

**2. Improve coordination among various sectors to enhance access to as well as affordability and safety of food for persons with disabilities, including children with disabilities, and to ensure access to a sufficient amount of nutritious food.**

Recognize the linkages between malnutrition and: (i) access to education (education can provide essential information on nutrition and school meals may buffer malnutrition, but the meals and information will not reach children with disabilities unless schools are accessible and education systems are inclusive); (ii) social protection, which can support access to nutritious food through in-kind or cash transfers; and (iii) targeted interventions of in-kind or cash transfers in agriculture, forestry, fishery and livestock production to foster persons with disabilities' access to sustainable livelihoods. Raise awareness about persons with disabilities' right to food among all relevant stakeholders, including among agricultural development organizations.

**3. Provide equal access to agricultural and productive resources for persons with disabilities.**

Consider designing programmes targeting persons with disabilities for the promotion and distribution of available (productive) resources, especially credit and micro finance systems as well as entrepreneurship development training. Make these programmes – and all plans and programmes addressing sustainable food systems, access to resources and markets as well as climate change – accessible for persons with disabilities and consult persons with disabilities in their design and implementation. Design skill-building interventions in agricultural and other livelihood-generating practices for persons with disabilities, including for women, Indigenous persons and displaced persons with disabilities. Consult with persons with disabilities and their organizations in designing these interventions, for example, through establishing partnerships with them. Include persons with disabilities in producers' organizations and agricultural cooperatives and ensure that persons with disabilities, including women, Indigenous people, displaced persons and other marginalized groups, have equal access to decision-making in these organizations and cooperatives.

**4. Support the use of disability-inclusive technology to promote equal access to food and to productive resources.** Ensure that agriculture-related technology is available, accessible and affordable to persons with disabilities and can be used by persons with disabilities. Ensure that persons with disabilities have access to the assistive technology they need to access food. Make sure that assistive technology and reasonable accommodations are available in agricultural employment to provide equal job opportunities for persons with disabilities (see the chapter on Goal 8).

**5. Make supermarkets and restaurants accessible for persons with disabilities.** Accessible supermarkets and restaurants are crucial to ensure that persons with disabilities can access food without barriers or discrimination. These venues can improve wheelchair accessibility, provide signage in easy-to-understand language, accessible payment options such as large print and Braille receipts as well as accessible payment terminals, accessible online ordering and delivery options, and staff can be trained in including customers with disabilities.

**6. Make food banks accessible for persons with disabilities.** Making food banks accessible will help address food insecurity and ensure that everyone has access to food. Food banks can partner with organizations of persons with disabilities and representative advocacy groups to better understand the rights and needs of persons with disabilities. By working together, these organizations can identify areas where improvements can be made and support and inform the development of strategies to make food banks accessible for everyone.

**7. Improve the availability of high-quality data on persons with disabilities to monitor progress towards Goal 2.** Collect disability disaggregated data on access to, ownership of and control over food, land and related resources. Monitor food security programmes' outcomes at the household level, and through data disaggregated by disability, to inform the design of appropriate interventions.